

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | | ↔ | | ↔ | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| 7 | | 1 | | | | |
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| 49 | | 1 | | | | |
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| TOTAL IND. | 13 | | 1 | | 1 | |
| TOTAL DEP. | 132 | | 1 | | 1 | |
| TOTAL CLAIMS | 145 | | 1 | | 1 | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 1 | | 1 | |
| TOTAL DEP. | | | 1 | | 1 | |
| TOTAL CLAIMS | | | 1 | | 1 | |

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